



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN <b>111780</b>	NAME OF AGENCY <b>Kansas City Police Department</b>	DATE OF INSPECTION <b>01/24/2024</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>9701 MARION PARK DR, KANSAS CITY</b>		TIME OF INSPECTION <b>0314 hours</b>

**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

- DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
- TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

- SIMULATOR SOLUTION
- COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER INTOXIMETERS LOT # AG324501 EXP. DATE 09/02/2025
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIM. SN SIM. NIST EXP DATE

- CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)  
 Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)
  - 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
  - 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
  - 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 ←	<b>0.081</b>	TEST 2 ←	<b>0.081</b>	TEST 3 ←	<b>0.081</b>
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- RFI DETECTOR OPERATING

**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)**

REFUSALS	<b>0</b>	(0-.04)	<b>0</b>	(.05-.09)	<b>1</b>	(.10-.14)	<b>1</b>	(.15-.19)	<b>0</b>	(OVER .19)	<b>0</b>
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Instrument meets all DOHSS standards and guidelines.

<b>INSPECTING OFFICER</b>	
SIGNATURE	PRINT NAME <b>Douglas Davidson</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>230065 04/06/2025</b>	TELEPHONE NUMBER <b>( ) 816-234-5000</b>

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS IV Serial no: 111780  
Version no: 532B

TEST RECORD 00921

Temp Date Time 210L

Air Blank:  
01/24/24 03:15 .000  
Calibration Check:  
20 01/24/24 03:15 .081

Subject Name

Test # 1

Subject I.D.

Operator Name, I.D.

Davidson S646

Location

230065 04/06/2025

AS IV Serial no: 111780  
Version no: 532B

TEST RECORD 00922

Temp Date Time 210L

Air Blank:  
01/24/24 03:18 .000  
Calibration Check:  
22 01/24/24 03:18 .081

Subject Name

Test # 2

Subject I.D.

Operator Name, I.D.

Davidson S646

Location

230065 04/06/2025

AS IV Serial no: 111780  
Version no: 532B

TEST RECORD 00923

Temp Date Time 210L

Air Blank:  
01/24/24 03:21 .000  
Calibration Check:  
23 01/24/24 03:21 .081

Subject Name

Test # 3

Subject I.D.

Operator Name, I.D.

Davidson S646

Location

230065 04/06/2025

AS IV Serial no: 111780  
Version no: 532B

TEST RECORD 00924

Temp Date Time 210L

VOID: RFI  
12 01/24/24 03:23

Subject Name

RFI Test

Subject I.D.

Operator Name, I.D.

Davidson S646

Location

230065 04/06/2025

# Airgas.

Airgas USA LLC (LAB)  
3500 Demard Street  
St. Louis, Mo. 63103  
Ph: (314) 533-3100  
Fax: (314) 533-7328

## Certificate of Analysis

Test Date: 5-Sep-2023

Customer Name  
Exclusive Supplier  
Intoximeters, Inc.  
2081 Craig Road  
St. Louis, Mo 63146

Lot # AG324501 Model 108

Exp Date 2-Sep-2025 Cyl. Type 108 Component Ethanol  
Nitrogen Certified Concentration 0.082 ± 0.002 BrAC (223 ppm)

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 ppm		

  

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC7Z7481	800.0 ppm	CC7Z7493	390.0 ppm
CC7Z7496	253.0 ppm	CC7Z7498	150.0 ppm

Analytical Method: NDIR

Equally Accurate to Certified Standard  
Ethanol 100% (1000.0 ppm) - 1000.0 ppm  
Laboratory Airgas USA LLC (LAB)  
Method 919.200 (1931)

Approved for Release:

*Yusef Woods*  
Yusef Woods

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06  
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM



## PERMIT TYPE II DOUGLAS D. DAVIDSON

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**ALCO-SENSOR IV WITH PRINTER, INTOXILYZER 8000**

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 305.111 through 306.119 RSMo.

DATE 4/6/2023 Mide M...  
NUMBER 230065  
EXPIRES 4/6/2025

MO 286-0771 (6-19) DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
LUA 996-19

STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM  
INSTRUMENT OPERATOR CARD

The issuing authority is authorized to operate an Intoxilizer 8000 in Missouri.  
Operator: DAVIDSON, DOUGLAS  
Date Issued: 4/6/2023 Date Expires: 4/6/2025